

CANDIDATE'S INTERVIEW ASSESMENT FORM

Date		Post Appli	Post Applied for				
Name:		Father Na	Father Name:				
Date of Birt	:h:	Address:	Address:				
		•••••		••••••			
		••••••		••••••			
Mobile No:		E-mail:		•••••			
Marital Sta	Marital Status: Blood Group		••••••				
<u>EDUCATIO</u>	ON QUALIFICATION	<u>:</u>					
Standard	Board/University	Main Sub	iect Year of	f Percentage			
Standard	Board/Offiversity	iviaiii Sub	Passing				
FAMILY D	ETAILS:						
Name	Relation with y	ou Profession	Contact No.	•			
				on you? Y/N			

WORK EXPERIENCE: (Till Date)

Reasons for leaving			
Experience Certificate			
r month	Leaving		
Salary per month	Starting		
Designation & Job Description			
Employer's Business			
Organization Name & Contact No.			
Location			
Tenure/ Duration	То		
Tenure/	From		

Additional Info of Colleague with Whom You worked at your last job).
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Employer Name	Designation	Mobile No	Colleague Name

Total Years of Experience:	
Last Salary:	
Expected Salary:	
Why do you wish to leave your existing employmen	
How did you come to know about our organization?	
How soon you can join with our organization, if you	
<u>Declaration</u>	
I hereby declare that the above information is confirmed of my knowledge and belief and nothing has been of fake or concealed information, my appoints service may be terminated without notice and confirmed on the confirmed of the confirmed of the confirmed on the confirmed of the confirmed on t	en concealed there in. In case tment may be cancelled and
Place:	Signature:
Office use only:	
Remarks by Interviewer:	
Signature of HOD with full name:	······································
Final salary:	